

Southeast Alabama Medical Center
Emergency Center
1108 Ross Clark Circle
Dothan, AL 36302
334-793-8911

2480977

James Jones DO, FACEP

Patient Name: **BRITTNEY BRACKINS**

Date: 9/01/2004

Patient Address:

AGE:

Wt. _____ lbs kg

Cephalexin 500 mg
Dispense#: 28 (twenty eight) tablets
Sig: 1 PO q.i.d.

Refills: 0

Dispense as Written


Product Selection Permitted

DEA# _____

Exhibit (K)